



se type a plus sign (+) inside this box

Approved for use through 10/31/2002. OMB 0651-035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE the Paperwork Reduction Act of 1995, no persons ar

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

e required to respond to a collection of information unless it displays a valid OMB control number					
Application Number	09/653,761	E X			
Filing Date	09/01/00	TE E			
First Named Inventor	Fodor et. al.	고 -			
Group Art Unit	TBD	500			
Examiner Name	Gupta	2/2900			
Attorney Docket Number	1000.9	8)			

I bereby an	noint:							
I hereby appoint: Practitioners at Customer Number				Place Cus				
OR	ileis at Cu	istomer Number				Number B Label here		
☑ Practition	ner(s) nan	ned below:		ı				_
		Name	e		Registration	n Number		
		Philip L. Mo	Garrigle		31,3	31,395		
		Alan B. S	Sherr		42,147			
	Wei Zhou			44,419				
		or agent(s) to pros nected therewith.	secute the application	identified abo	ove, and to ti	ransact all t	ousiness in the	e Patent and
Please cha	nge the co	orrespondence ad	dress for the above-io	lentified appli	ication to:			
The abo	ove-menti	oned Customer N	umber.		. [Place Cu		7
	Practitioners at Customer Number Label here							
Firm or	l Name							
Address		. `	<u>-</u>					
Address							***	
City				State		ZIP		
Country			<u>'</u>	•				
Telephone				Fax				
I am the:		'		<u> </u>				
Applica	ant/Invento	or.						
X Assign	ee of reco	rd of the entire in	terest. See 37 CFR 3	.71.				
Certifica	ate under	37 CFR 3.73(b) is	enclosed. (Form PTC	D/SB/96).				
		SI	GNATURE of Applica	ant or Assig	nee of Reco	rd		
Name	Barbara	A. Caulfield	0					
Signature	BI	A Cana	full					
Date 1//30/01								
NOTE: Signa	tures of a	ill the inventors of	or assignees of recor	d of the entir	re interest o	r their repr	esentative(s)	are required.
Submit multip			signature is required	J, SEE DEIOW	•			

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



PTO/SB/81 (02-01)
Approved for use through 10/31/2002. OMB-001-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF CONTRERCE aperwork Reduction Act of 1995, no persons are

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

required to respond to a collection of in	<u>formation unless it displays a valid C</u>	MB control number.
Application Number	09/724,896	5 2
Filing Date	11/28/00	<u> </u>
First Named Inventor	Fodor et. al.	田田田
Group Art Unit	1627	7 16
Examiner Name	A. Marshall	8
Attorney Docket Number	1000.2a11	29
		9

I hereby ap	point:				ſ	Blace Customer	
OR		stomer Number				Place Customer Number Bar Code Label here	
☑ Practition	ner(s) nan	ned below:					
	Name				Registratio	n Number	
		Philip L. Mc	Garrigle		31,3	395	
		Alan B. S	Sherr		42,1	47	
		Wei Zh	ou		44,419		
		or agent(s) to pros nected therewith.	secute the application	identified	above, and to t	ransact all business ir	ս the Patent and
Please cha	ange the co	orrespondence ad	dress for the above-io	dentified ap	oplication to:		
The above-mentioned Customer Number. Place Customer Number Bar Code							
☐ Practition OR	ners at Cu	stomer Number				Label here	
Firm or Individua	al Name						
Address							·
Address							
City				State		ZIP	
Country							
Telephone		٠		Fax			
I am the:						* .	
☐ Applic	ant/Invento	or.					
🛛 Assigr	nee of reco	rd of the entire in	terest. See 37 CFR 3	3.71.			
Certific	ate under	37 CFR 3.73(b) is	enclosed. (Form PT	O/SB/96).			
		SI	GNATURE of Applic	ant or Ass	ignee of Reco	rd	
Name	Barbara	A. Caulfield	1				
Signature	Bulus	A Caneful					
Date		\overline{V}	,				
			or assignees of recor			r their representative	e(s) are required.
		re submitted.	Signature is require	a, see bei	 		

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.